

Boone County Health Department

116 W Washington St Lebanon IN 46052
www.boonecounty.in.gov

Environmental Health
765-483-4458
765-483-5243 Fax



Nursing & Vital Records
765-482-3942
765-483-4450 Fax

Public Health
Prevent. Promote. Protect.

Application for 2014 Mobile Food Establishment Permit

Name of Business:	Telephone Number:
Commissary Location:	Mailing Address:
Email Address:	City State Zip Code
Please List All Menu Items:	Please Send In the Following Information along with the application and correct application fee. 1. Copy of Certified Food Handler Certificate 2. Drawing of Food Truck Floor Plan 3. Copy of your County Permit (where commissary is located)
Manager's Name:	Mailing Address:
Owner's Name:	City State Zip Code
Telephone Number:	

	Permit Fee	Please Check One
Pre-Packaged Food Truck/Cart	\$ 50.00	_____
Food Truck/Food Cart (Prepare and Serve)	\$140.00	_____

Send correspondence to: (check one) (1) Business Address _____ (2) Owner's Address _____

Please Contact the Health Department to set up an appointment for an inspection prior to operation and permitting

I hereby certify the above information is correct and the food service facility will be maintained in compliance with the Commissioner's Ordinance 2006-15.

I understand the food establishment permit is non- transferable and will be kept posted on the above mentioned premises.
I understand that fees associated with the application and permit are non-refundable.

Signed _____ Title _____ Date _____

[For Office Use Only]

Permit Issued _____ Permit Number _____

ID Number _____ Check No. or Cash _____